Name of Child Lilly M. Bozarth

Certificate of Birth

Born at North East (Town) Cecil (County) MARYLAND

Date 1904 Month Sep. Day 5 White ~~Colored~~ ~~Male~~ Female Living ~~Still Born~~ Number of Child: ~~1st~~ 2nd ~~3rd 4th 5th 6th 7th 8th 9th~~

Father's Name in Full George E. Bozarth Age 29

Occupation Farmer Birthplace Burlington Co. N.J.

Mother's Maiden Name Dena N. Jones Age 25

Occupation ~~None~~ Birthplace North East Md

Reported by Thos A Worrall Physician, Midwife, Parent

Address North East Md

File 1904

If child is not named, send name as early as possible.

LIBRARY BUREAU B6282

Name in Full: Thomas Collins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cherry Hill; County: Cecil

Date of death: Month: Sept.; Day: 18; Year: 1904

Age: Years: 58; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: England

Occupation: Stationary engineer

Where Residing if not at place of death:

Married, Single or Widowed: widower

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Pulmonalis

How long:

Immediate: " "

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: [redacted]

Address: Chas. F. Miller, M.D.
North East, Md.

Accident or Suicide?

LIBRARY BUREAU A55516

Name in Full: Sarah A. Cosden

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) North East (County) Cecil

Date of death: Month Septemb Day 27 1904

Age: Years 80 Months — Days —

Sex: Female

Color or Race: White

Birthplace: Cecil County Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: John A. Cosden

Father's Name: Wm Donaldson

Father's Birthplace: Not Known

Mother's Maiden Name: Rebecca Donaldson

Mother's Birthplace: Not Known

Name of person giving Information: J. W. Cosden

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Paralysis — How long: 14 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo S. Rittenhouse

Address: North East

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Daniel Dillman

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Pleasant Hill — County: Cecil

Date of death 1904 — Month: 9 — Day: 9 — Age: Years — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace: Pleasant Hill

Occupation: — Where Residing if not at place of death: Pleasant Hills

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Dillman — Father's Birthplace: Pennsylvania

Mother's Maiden Name: Carrie Scarborough — Mother's Birthplace: Pleasant Hill

Name of person giving information: Amos Krauss — How related to deceased: Not any

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 7 months

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. H. Willis.

Address: North East, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: John Dorsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cherry Hill-Almshouse; County: Cecil

Date of death: Month: Sept; Day: 29; 1904

Age: Years: 62; Months; Days

Sex: Male

Color or Race: White

Birthplace

Occupation

Where Residing if not at place of death

Married, Single or Widowed: Married

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy

How long: 3 mths

Immediate: Paralysis

How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas F. Miller

Address: North East, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A68516

Name in Full: Edgar A. Finley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Rising Sun; County: Cecil Co

Date of death: 7 Month: Sep. Day: Tuesday 1904

Years: Age 60 Months: Days:

Sex: Male

Color or Race: White

Birthplace: Newark - Del

Occupation: Retired

Where Residing if not at place of death: Wilmington, Del

Married, Single or Widowed: Married

Name of Wife or Husband: Essen S. G. Finley

Father's Name: Samuel E. Finley

Father's Birthplace: Uncertain

Mother's Maiden Name: Nannie Brackin

Mother's Birthplace: "

Name of person giving information: E. S. G. Finley

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Interstitial Nephritis

How long: about 4 years

Immediate: do

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. H. Richardson

Address: Colvert - Md

Accident or Suicide? 8

LIBRARY BUREAU A88516

Name in Full: George Harris.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Warwick. County: Cecil.

Date of death 1904: Month: Sept. Day: 20th. Age: Years: 36 Months: — Days: —

Sex: Male. Color or Race: Black. Birthplace: Andersville, Md.

Married, Single or Widowed: Married. Occupation: Laborer.

Name of Wife or Husband: Rachel Harris.

Father's Name: Hamaley Harris. Father's Birthplace: Queen Ann Co

Mother's Maiden Name: Hunt Kinn. Mother's Birthplace: Hunt Kinn

Name of person giving Information: Rachel Harris. How related to deceased: wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Asthma. How long: One years.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes, so far as I know.

Signature of Physician: Chas. A. Ritchie

Address: Middletown, Del.

Accident or Suicide? —

LIBRARY BUREAU A868516

Name in Full: Caroline Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Blythedale; County: Cecil

Date of death: Month: Sept; Day: 16; 1904

Age: Years: 83; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Cecil Co

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Widowed

Name of Wife or Husband: —

Father's Name: Joseph Watson

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving information: Eleanora Taylor

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

154

CAUSES OF DEATH

Primary: Infirmities of old age —

How long: —

Immediate: —

How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Geo. M. Stump

Address: Principio Md —

Accident or Suicide?

8

LIBRARY BUREAU A83016

Name in Full: Frank Jackson Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at: North East — Town: Cecil — County: Co

Date of death 1904: Month: September — Day: 2 — Age: Years — Months: 5 — Days: 2

Sex: Male — Color or Race: White — Birthplace: North East

Occupation: Son — Where Residing if not at place of death: North East

Married, Single or Widowed: S — Name of Wife or Husband:

Father's Name: Frank Jackson — Father's Birthplace: North East

Mother's Maiden Name: Susie Collis — Mother's Birthplace: Jerstown

Name of person giving Information: Frank Jackson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intussusception — How long: 4 weeks

Immediate: Convulsions — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo S. Rittenhouse

Address: North East Md

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: Sara Kelley

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Cherry Hill County: Cecil

Date of death: Month 9 Day 1 1904 Age: Years 50 Months — Days —

Sex: Female Color or Race: White Birthplace: Del

Occupation: Housewife Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Andrew Kelley

Father's Name: Charles Mulhaire Father's Birthplace: Ireland

Mother's Maiden Name: Frances McGinley Mother's Birthplace: Ireland

Name of person giving Information: Daniel Mulhaire How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Stomach How long: 2 yrs

Immediate: — / 40 How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Austen Mitchell M.D.

Address: Elkton md

Accident or Suicide? —

LIBRARY BUREAU A86516

Name in Full: Elizabeth M Kirk,

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rising Sun — County: Cecil

Date of death 190 4 — Month: Sept — Day: 29 — Age: Years 66 — Months — Days 7

Sex: Female — Color or Race: White — Birthplace: Ireland

Occupation: Wife — Where Residing if not at place of death: near Rising Sun

Married, Single or Widowed: Married — Name of Wife or Husband: Levi Kirk

Father's Name: Patrick McManus — Father's Birthplace: Ireland

Mother's Maiden Name: Cannot Tell — Mother's Birthplace: "

Name of person giving In formation: Levi Kirk — How related to deceased: husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer of Uterus — How long: 2 yrs

Immediate: Exhaustion — How long: 72 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. Geo. S. Davis

Address: Rising Sun Md

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: William J. B Lofland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Warwick 7 County: Cecil

Date of death 1904: Month: 9 Day: 10 Age: Years: 64 Months: Days:

Sex: Male Color or Race: White American Birthplace: Wilsborough Del

Occupation: Carpenter Where Residing if not at place of death: Warwick Md

Married, Single or ~~Widowed~~: Married ~~Name of Wife or Husband~~: Anna L. Lofland

Father's Name: Clement Lofland Father's Birthplace: —

Mother's Maiden Name: [illegible] Mother's Birthplace: Milford Del

Name of person giving Information: W. J. Lofland Jr How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma How long: Suddenly Came

Immediate: Hypertrophy causing Heart failure How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Wright

Address: Warwick Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Elbias L McCardle

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rising Sun Md. County: Cecil

Date of death	Month	Day	Age	Months	Days
1904	Sept.	6	3	4	

Sex: Male

Color or Race: White

Birthplace: Fairmount Chester Co Pa.

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Harry L McCardle

Father's Birthplace: Rockspring Md.

Mother's Maiden Name: Mary McVey

Mother's Birthplace: Chester Co.

Name of person giving Information: Father

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Inflamation to walls.

How long: 15 hours

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J B Sluss M D.

Address: Rising Sun Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mrs Margret E. McCummings

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Sylmar; County: Cecil

Date of death 1 90: Month: 9; Day: 24; Age: Years: 77; Months: 2; Days:

Sex: Female; Color or Race: White American; Birthplace: Maryland

Occupation: Housewife; Where Residing if not at place of death: near Sylmar

Married, Single or ~~Widowed~~: Married; Name of Wife or Husband: Margret E. McCummings

Father's Name: Joseph McCummings; Father's Birthplace: Ireland

Mother's Maiden Name: Mary McCue; Mother's Birthplace: Ireland

Name of person giving Information: Husband Tosen McCummings; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility; Opium Habit; How long: Several yrs

Immediate: Exhaustion from Bronchitis; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo S. Dare M.D.

Address: Rising Sun Md

Accident or Suicide? No

LIBRARY BUREAU A88016

Name in Full: Madeline W. McVey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sykesville — County: Carroll

Date of death 1904 — Month: 9 — Day: 22

Age — Years: — Months: 5 — Days: 24

Sex: Female — Color or Race: White — Birthplace: Sykesville

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John McVey — Father's Birthplace: Sykesville

Mother's Maiden Name: Lida Whiteman — Mother's Birthplace: Wilmington

Name of person giving Information: Anna Whiteman — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ileo-Colitis — How long: 3 days

Immediate: Do — How long: -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D.H. Richardson

Address: Calvert - Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Chas W Maxwell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elkton; County:

Date of death: Month: Sept; Day: 29; 1904; Age: Years: 75; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Merchant; Where Residing if not at place of death:

Married, Single or Widowed: ~~Married~~ Widower; Name of Wife or Husband:

Father's Name: Albert Maxwell; Father's Birthplace:

Mother's Maiden Name: Hannah Burton; Mother's Birthplace: Md

Name of person giving Information: Emma Maxwell; How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcholism, Grand Mal Epilepsy, Cerebral Sclerosis, Cirrhosis of the Liver, Kidney Trouble; How long: 15 Years

Immediate: Acute Pneumonia Edema of Chest; How long: 6 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles M Ellis

Address: Elkton

Accident or Suicide?

Cecil Co Maryland

LIBRARY BUREAU A66616

Name in Full: Nellie Anna Mercer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St Augustine — County: Cecil

Date of death 1904	Month	Day	Age: Years	Months	Days
	Sept	6	1	6	10

Sex: Female — Color or Race: Colored — Birthplace: St Augustine

Occupation: none — Where Residing if not at place of death: "

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Thos H. Mercer — Father's Birthplace: Snow Hill

Mother's Maiden Name: Fanny White — Mother's Birthplace: Chestnoke

Name of person giving Information: Father — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intussusception — How long:

Immediate: Summons — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R Conner MD

Address: Churchyard City md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Robert Montgomery

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Bardsdale — County: Cecil

Date of death: Month: Sept — Day: 24 — 1904

Age — Years: 69 — Months — Days

Sex: Male

Color or Race: White

Birthplace: Ireland

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband:

Father's Name: Archibald Montgomery

Father's Birthplace: Ireland

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Hugh Montgomery

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arteriosclerosis — How long:

Immediate: Paralysis — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S. Cawley

Address: Elkton Md.

Accident or Suicide:

LIBRARY BUREAU A89016

8th Dist.

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Margaret Catherine Pickle

Died at: Town: Rowlandville. County: Cecil

Date of death 1904: Month: Sept. Day: 28 Age: Years: Months: 4 Days:

Sex: Female Color or Race: White Birthplace: Rowlandville

Married, Single or Widowed: Single Occupation:

Name of Wife or Husband:

Father's Name: Alvin B. Pickle Father's Birthplace: Richardmere

Mother's Maiden Name: Fannie R Fisher Mother's Birthplace: Rowlandville

Name of person giving information: Alvin B Pickle How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Indigestion How long: 2 days

Immediate: Same How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. E. Clemm

Address: Port Deposit

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Mary H. Otheson,

Died at Town near Hamuch, County Cecil MARYLAND

Date 1904 Month Sept. Day 26. | Age Y. 7. M. 10. D. 26 | Native of Delaware, | Occupation Work.

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children living~~

Husband of —

Wife

Father's Name S. L. Otheson

Mother's Name Mary E. Otheson

Cause of Death: Primary Phthisis Pulmonalis. | How long sick 2 yrs.

Immediate —

~~Accident, Suicide, Homicide~~

Reported by Chas. A. Ritchie, M. D.

Address Middletown, Del.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Alfred Price

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cherry Hill; County: Cecil

Date of death: Month: Sep. Day: 24 1904

Age: Years: 64 Months: XX Days: XX

Sex: Male

Color or Race: Colored

Birthplace: Chesapeake City

Occupation: Farmer

Where Residing if not at place of death: North East

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

V20

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long: 2 years

Immediate: Paralysis — How long: 1 Week

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas G. Miller.

Address: North East. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Edwin Reeside 4 dist

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Big Elk chapel — County: Cecil

Date of death: Month: Sept — Day: 4 — Year: 1904

Age: Years: 57 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Pa

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary J Reeside

Father's Name: John E Reeside — Father's Birthplace: Md

Mother's Maiden Name: Amanda Dennison — Mother's Birthplace: Pa

Name of person giving Information: Mary J. Reeside — How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88516

No Physician in
attendance

Reported by

C. S. Grant
Undertaker

Cherry Hill Md.

1
07

Name in Full: Earl R Reynolds

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rowlandsville — County: Cecil

Date of death: Month: Sept. — Day: 13 — Years: — — Months: 9 — Days: —

Age

Sex: Male — Color or Race: White — Birthplace: Port Deposit

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Reuben Reynolds — Father's Birthplace: Cecil Co Md

Mother's Maiden Name: Emory J St Clair — Mother's Birthplace: Penn

Name of person giving Information: Reuben Reynolds — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera-Infantum — How long: one week

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ernest Rowland

Address: Liberty Grove Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Rebecca Russel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: North East — County: Cecil

Date of death	Month	Day	Age: Years	Months	Days
1904	9	11			

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female	Color or Race: White	Birthplace: North East	
Occupation: non	Where Residing if not at place of death:		
Married, Single or Widowed: Single	Name of Wife or Husband:		
Father's Name: Joseph J Russel		Father's Birthplace: Bayview	
Mother's Maiden Name: Libby Casleo		Mother's Birthplace: North East	
Name of person giving Information: Libby Russel		How related to deceased: Mother	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Stillborn	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician:
	Address: D Brumley
~~Accident or Suicide?~~	

3

LIBRARY BUREAU A8818

Name in Full: Nancy Smith

8th Dist.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Spring Md. County: Lucie

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190	Month	Day	Years	Months	Days
	Sept.	13th	Age 56	—	—

Sex: Female — Color or Race: White — Birthplace:

Occupation: Servant — Where Residing if not at place of death: No home

Married, Single or Widowed: Married — Name of Wife or Husband: Joshua Smith

Father's Name: Wm Gray — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Jacob Barrow — How related to deceased: nothing

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long:

Immediate: cpns — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: J. H. Hemmeon Jr. Justice of the Peace

Accident or Suicide?

LIBRARY BUREAU A98516

Name in Full: Lulu Yancey

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkton — County: Cecil

Date of death: Month: Sept — Day: 11 — Years: Age 1 — Months: 3 — Days:

Sex: Female — Color or Race: Colored — Birthplace: ~~Elkton~~ Ohio

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Bragg Yancey — Father's Birthplace: Md

Mother's Maiden Name: Emma Hunter — Mother's Birthplace: Penn

Name of person giving Information: Bragg Yancey — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: As near as can be determined was sick — How long:

Immediate: with Summer Complaint for 2 or 3 weeks — How long:

Are the name, age, sex, color, date and place correctly given above? No

Signature of Physician: Physician in attendance

Address: Jacob Sapp M.D. Elkton, Md

Accident or Suicide?

LIBRARY BUREAU A88818